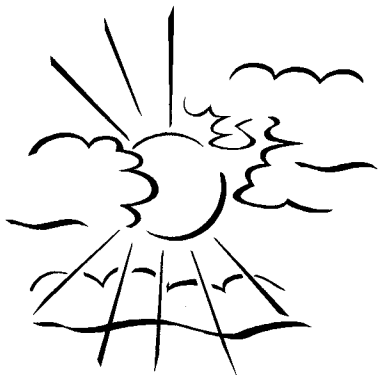


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Tuesday, March 14, 2006

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Michigan

How boy died isn't clear, doctor says

Possible causes include head injury

March 14, 2006

BY JACK KRESNAK
FREE PRESS STAFF WRITER

MASON -- Ricky Holland, the 7-year-old boy whose skeletal remains were found in Ingham County in January, likely did not die from the bone fractures on his face and shoulder, forensic pathologist Dr. Joyce deJong testified Monday.

She said the specific cause of Ricky's death remains unknown, but the "big picture" of how his body was found and some injuries to his skeleton are strongly suggestive of child abuse.

During the ongoing preliminary examination for Ricky's adoptive parents, Lisa and Tim Holland, in 55th District Court, deJong said it is possible that Ricky died from a blow to the head.

Although there were no fractures on the cranial vault that protects the brain, she said, Ricky could have lived for "hours to days" with a closed-head injury before succumbing to the wounds.

Tim and Lisa Holland of Williamston Township each are charged with first-degree child abuse and open murder in his death. Each blames the other for killing Ricky.

The boy's body was found in the fetal position in a wetland area of Leroy Township. It was clothed and in a diaper, and had been wrapped in a dark-blue, fitted bedsheet inside two plastic garbage bags, deJong said. It was, at times, at least partially submerged in water, she said.

It's difficult to determine the specific cause of Ricky's death because of decomposition, said deJong, director of forensic pathology at Sparrow Hospital in Lansing.

She said it is possible that Ricky was asphyxiated, which could have included strangulation, suffocation or drowning.

The child also apparently did not see a doctor for nearly a year before his parents reported him missing on July 2, she said. Ricky's medical charts, which ended with his last doctor visit on July 9, 2004, showed that he was behind in growth, compared with most children in his age range.

In five weeks -- from June 1, 2004, to July 9, 2004 -- deJong testified, Ricky had lost 7 1/2 pounds. That could indicate Ricky had failure-to-thrive syndrome. It's unlikely, she said, that there was something like a tapeworm causing the problem.

The preliminary examination is expected to continue Friday in Judge Rosemarie Aquilina's courtroom.

Contact **JACK KRESNAK** at 313-223-4544 or jkresnak@freepress.com.

Tuesday, March 14, 2006

Doctor: Ricky died a slow death Pathologist says he could have been alive but unconscious when he was put in plastic bags.

Karen Bouffard / The Detroit News

MASON -- Little Ricky Holland may have been alive when he was stuffed into garbage bags and taken to rural Ingham County, where he was buried, according to testimony by a forensic pathologist.

At the preliminary examination Monday for the Williamston boy's adoptive parents, who are charged with his murder, Dr. Joyce DeJong said bone fractures discovered during the 7-year-old's autopsy would have been extremely painful, but not a cause of his death, which was ruled a homicide by unspecified causes.

Ricky's death could have occurred from a number of causes, including strangulation, suffocation or a brain injury that most likely would have resulted in a slow and painful death, according to DeJong of Lansing's Sparrow Hospital.

"There is the distinct possibility that Ricky was alive but unconscious and then put into the garbage bags and then suffocated," DeJong said.

Lisa Holland, 34, showed no emotion while listening to the doctor's testimony. Tim Holland, 36, appeared uncomfortable. The couple told authorities July 2 that Ricky ran away from home, and an extensive search ensued. Tim Holland led detectives to Ricky's body Jan. 27.

Ricky's body was found on its side in a fetal position, wrapped in a dark blue sheet, and stuffed inside two plastic garbage bags, one black and the other white, DeJong said.

He was wearing a thermal pajama-type sweater, gray sweat pants and a disposable diaper.

DeJong further testified that Ricky suffered from "failure to thrive," a medical condition most often caused by malnourishment.

Ricky's medical records indicated that his weight was in the 75th percentile from birth to 24 months, while he lived with his birth mother, meaning he weighed more than 75 percent of children his age.

His weight gain began to slow at 3 when he began living with the Hollands.

Medical records showed that the Hollands took Ricky to the doctor as many as 45 times from the time he was 3 until a few months before his seventh birthday in September 2004.

But they stopped taking him to the doctor after Ricky's last visit July 9, 2004, when he weighed just 42 pounds, in the 10th percentile of children his age.

The most common reason for failure to thrive is inadequate nourishment, which DeJong said can be caused by a disturbed relationship between parents and child.

The medication Ricky was taking to deal with his attention deficit disorder could have affected his appetite, she said. But she didn't come across any complaints of that in his medical records, she said.

Neighbors reported the boy scrounged for food, and school employees said he appeared constantly hungry.

Published March 14, 2006

Ricky's time of death unclear Testimony: No way to tell if boy was dead when wrapped in sheet

By Kevin Grasha
Lansing State Journal

MASON - Seven-year-old Ricky Holland, curled in a fetal position, was wearing a blue sweatshirt, sweatpants and a disposable diaper when his badly decomposed remains were found by police in January.

Dr. Joyce deJong, a forensic pathologist at Sparrow Hospital, also testified Monday in 55th District Court that there was no way to know whether Ricky was alive or dead when he was wrapped in a bedsheet and placed inside two plastic garbage bags.

The graphic testimony came during the seventh day of the preliminary hearing that will determine whether the murder case against Ricky's adoptive parents, Tim and Lisa Holland, advances to trial.

The Hollands also are charged with first-degree child abuse.

Echoing Friday's testimony from a forensic anthropologist, deJong said although there were no visible fractures to Ricky's cranium, a blow - or blows - to his head could have killed him, but he would not have died immediately.

"It could be hours to days before death actually occurs," she said.

DeJong also on Monday described fractures to Ricky's upper body and face, which she said happened around the time of death. But those injuries would not have killed the boy.

Testimony on Monday also revealed that Tim Holland told police he drove the remains in the back of a pickup to a wetland area in rural Ingham County.

Lisa Holland's co-counsel, Andrew Abood, raised the possibility the remains could have moved around in the back of the truck and been damaged.

DeJong was the only witness to testify Monday. The court session ended with defense attorneys battling over whether prosecutors could ask deJong if statements Tim Holland made to police were consistent with her autopsy results.

"There are inconsistencies," she said before a flurry of objections put a halt to the hearing.

Judge Rosemarie Aquilina said she will decide what prosecutors can ask by the time deJong takes the stand again March 22 to complete her testimony.

DeJong also said that according to medical records, Ricky last saw a physician in July 2004. In prior years, he had been to a doctor 35 to 40 times.

Between June 1, 2004, and his final documented visit, Ricky lost 7 1/2 pounds. He was not growing at the rate he should, possibly because he was not getting proper nourishment, she said.

DeJong testified Ricky possibly suffered from failure-to-thrive syndrome, which she said can be caused by a dysfunctional relationship between parent and child.

Aboud said prosecutors were reaching.

"They can't prove child abuse, so they have to come up with another theory," he said.

Contact Kevin Grasha at 267-1347 or kgrasha@lsj.com.

DETROIT

Man charged in death of child heads to court

A 20-year-old Detroit man will face a preliminary exam today in the 36th District Court for allegedly killing his 4-month-old child. Deric Davis is charged with first-degree and felony murder.

Sex offender sent to prison

Published Monday, March 13, 2006 11:37:34 AM Central Time

By MARGARET LEVRA

Ironwood Daily Globe Staff Writer

BESSEMER -- A 26-year-old Wakefield man was sentenced last week in Gogebic County Circuit Court to 71 months to 22 1/2 years in prison for second-degree criminal sexual misconduct.

Michael Claude Brownell was also sentenced to 32 to 48 months in prison on a felony conviction of failure to register as a sex offender, to be served concurrently with the criminal sexual conduct sentence, according to prosecutor Richard Adams.

Brownell did not register a change of address, Adams said.

Brownell was given credit for 224 days served.

Judge Roy Gotham also assessed Brownell \$60 in state costs and a crime victim fee of \$60.

"Both the prosecutor and defense have made comments regarding the difficulty of rehabilitating pedophiles," Gotham said. "The victim was 10 years old and this is a second offense.

"We operate from the position that it will be very difficult to rehabilitate and steer the defendant from his chosen path of crime," Gotham said.

Defense attorney James McKenzie said it was "common and natural" to want to punish the conduct in a retributive manner and ignore individual circumstances and the "need for people like this" to get treatment. He asked the court to sentence Brownell near the bottom of the Michigan sentencing guidelines, which range from 36 to 71 months in prison as a minimum sentence.

The victim's father addressed the court.

Knowing Brownell and his "family problems," the father said, in his opinion, three years would not be enough because 10 years from now, his daughter will still be in counseling, Adams said. "I agree he needs help, but I don't think leniency of years in prison will accomplish this," the father said.

"He (Brownell) stole some years from my daughter, and I personally don't think the sentence range is high enough, but it is the law."

Because it is Brownell's second conviction of this type, and because of the nature of the offense and difficulty of rehabilitation, Gotham said, "It seems to me that the maximum is the only thing that can be given, and Michael Brownell must understand if there are any future crimes of this nature, he will be given the maximum by any judge in any state.

"This is not retribution, but recognition of the danger he represents to children," Gotham added.

The case was investigated by Michigan State Police Trooper Bill Witt.

Brownell was originally scheduled to go to trial Feb. 15.

Adams said Brownell changed his mind after the Michigan legislature passed a law, effective Jan. 7, which would allow the prosecution to bring in evidence from earlier criminal sexual conduct cases involving other children and the defendant.

Boy, 13, kidnapped, then released

Midland Daily News

03/13/2006

A 13-year-old boy was unharmed after he was kidnapped Sunday afternoon, reports the Isabella County Sheriff's Office.

The boy told deputies he was riding his bicycle on Herrick Road in Coldwater Township when he was approached by a black Jeep. The driver, who was wearing a black ski mask, stopped the vehicle, got out and brandished a knife at the boy. He then ordered the boy into the Jeep.

The driver and a passenger put the boy's bike onto the top of the Jeep, and drove west on Herrick Road. Eventually, they dropped the boy off at Ludington and Maple Grove drives, just west of Farwell in Clare County. The boy walked to a gas station in Farwell and called his parents.

The suspects are described as white men, between 30 and 40 years old. The driver was about 5 feet 10 inches tall, with a medium build. The passenger was about 6 feet tall with a slender build, long black hair and a mustache. Anyone with information is asked to call (989) 772-5911.

Cops: Aunt shot heroin into boy

Drug overdose put 12-year-old in critical condition

PUBLISHED: March 14, 2006

By Norb Franz
Macomb Daily Staff Writer

A 25-year-old woman is expected to be arraigned in Warren today on a charge she injected her 12-year-old nephew with heroin.

Jacqueline Ellen Vuich is named in a warrant accusing her with delivery of less than 50 grams of an illicit narcotic to a minor. The offense is punishable by one to 40 years in prison.

A 1-week manhunt for the accused aunt ended Monday afternoon when Warren police caught up to her in Chesterfield Township at her sister's home on Atwater Street, near 21 Mile Road and Interstate 94.

"She was trying to sneak out the back when we tried coming in," Detective Cpl. Ken Marsee said. "I knew she wasn't going to be there long."

Investigators said the incident occurred Jan. 24 at a home on Cottage Lane, in the 10 Mile-Groesbeck area, where the boy lived with his grandmother. Vuich and some of her sisters occasionally stayed at the home.

Police said the 12-year-old was eating spaghetti in the basement when Vuich took a syringe and injected a brown liquid near the elbow of one of his arms.

"He doesn't remember much after that," Marsee said. "Jacqueline said she found him unconscious; that's what she told her family."

Relatives rushed the boy to Henry Ford Bi-County Hospital, located less than a mile away. Vuich went along, but left after approximately 15 minutes.

Doctors subsequently transferred the youth, who was in critical condition, to Children's Hospital in Detroit. A blood test confirmed that the boy had heroin in his system, police said.

The boy was hospitalized for a few days before his recovery and release. Police recovered unspecified drug paraphernalia from the Cottage Lane home. Four other children, all of them younger than the 12-year-old, were removed from the home by **Child Protective Services**.

Vuich was in possession of a couple of syringes at the time of her arrest Monday, police said.

She is expected to be arraigned in 37th District Court, Warren.

Man pleads guilty in Net teen-sex sting

GENESEE COUNTY

THE FLINT JOURNAL FIRST EDITION

Tuesday, March 14, 2006

By Paul Janczewski

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A former substitute bus driver for the Davison School District faces up to 10 months in jail, probation and the loss of his computer equipment after pleading guilty to charges he sent nude pictures of himself to a teenager with whom he wanted to have sex.

But "Kelly," the 13-year-old girl whom Richard C. Long thought he was talking to, was actually Michael R. Ondejko, a special agent in state Attorney General Mike Cox's Child and Public Protection Unit.

Long, 47, of Genesee Township, pleaded guilty to four counts of using a computer to commit a crime through the Internet by distributing obscene material and one count of using the computer for immoral purposes of accosting a minor, a 10-year felony.

Cox's office dismissed six other charges in exchange for his plea. Two of the dismissed charges carried up to 20 years in prison.

Long faces an April 10 sentencing before Genesee Circuit Judge Richard B. Yuille.

State prosecutors agreed to recommend Long receive 10 months in the Genesee County Jail, up to 5 years' probation and the loss of all computer equipment seized at his residence.

Long has been jailed since August and likely would be released in June.

Yuille has the option of rejecting the plea deal if he feels the sentence is inappropriate, which would allow Long to withdraw his plea and take the case to trial.

Yuille said he will decide on the recommendation after seeing a pre-sentence report.

Long said he met the "girl" in a chat room and eventually began exchanging sexual messages and sending her pictures of his penis, as well as trying to arrange a meeting.

Police and prosecutors said the exchanges occurred between March and August 2005.

Long was arrested Aug. 10 after investigators went to his residence armed with search warrants. He told officials he was adopted and had been abused earlier by his biological family. He is married with one adult child.

Long, who is represented by attorney Steven Lazzio, is lodged in the Genesee County Jail on a \$500,000 cash bond.

Baby sale brings prison

Tuesday, March 14, 2006

The Grand Rapids Press

CORBIN, KY. -- A 22-year Kentucky man was sentenced Monday to two years in prison for selling a baby to a Michigan woman for \$5,000. Kenneth Couch and his girlfriend, Jessica Cornett, 18, were arrested last year after selling her 10-month-old daughter to Kimberly Brick, 30, of Chase in Lake County. Brick was sentenced to probation. Cornett, who was sentenced to two years in prison, testified that Couch came up with the idea.

Survey: Number of uninsured in county doubles

Health habits study shows Macomb to be healthier than national average

PUBLISHED: March 14, 2006

By Maryanne Kocis MacLeod
Macomb Daily Staff Writer

The percentage of Macomb County adults without health insurance has more than doubled since 1999, a new survey shows.

While much of the increase could be attributed to layoffs in the manufacturing industry, Macomb's percentage of uninsured is lower than the national average.

For those ages 18 to 64 in the county, 13.1 percent are without health insurance, according to a risk factor study by the Macomb County Health Department. The national average is 18.7 percent.

Percentages for the county in that category rose from 11.2 in 2003 and 5.8 in 1999.

The survey also showed that compared to state and national averages, Macomb County residents engaged in more prevention and detection behaviors, including mammograms, clinical breast exams and prostate tests. Macomb has a lower incidence of diabetes and asthma than people in other states and elsewhere in Michigan.

Other major findings in the survey:

More than one in five county residents -- over 20 percent -- said they binge drank alcohol at least once during the previous 30 days, compared to the U.S. rate of 14.8 percent and the state rate of 16.2. This is especially significant in light of the fact that self-reported data on negative behavior generally comes in lower than the reality, said Dr. Kevin Lokar, Macomb County medical director.

Binge drinking is defined as consuming more than five servings of alcohol in a single sitting.

Macomb County residents are also considerably more likely to smoke than people in other states, 24.4 percent, compared to 20.7.

Primary health concerns include high blood pressure and higher than average cholesterol rating.

"These important risk factors increase the incidence of heart disease, stroke and some forms of cancer," Lokar said. "Many of the answers to these problems center around increasing physical activity and improving diet."

More than 25 percent of county residents reported high blood pressure and nearly one-third said they had high cholesterol, according to the study. Although the rates for Macomb County residents were not significantly different than state and national averages, too many residents are still affected, Lokar said.

Tobacco use is still the most preventable cause of death in the United States and Macomb County, Lokar added, as one in four adults continues to smoke.

About 40 percent of Macomb County residents fell into the "overweight" category, compared to 35.5 in Michigan and 36.7 nationwide.

The survey is conducted every three years and is used by local decision-makers to allocate health-related resources, said Tom Kalkofen, director of the Macomb County Health Department.

"We assess various community health factors, like infant mortality and communicable disease on an ongoing basis," Kalkofen said. "Other factors, like risk behaviors are best reviewed using periodic surveys. Among the areas examined in this survey were adult and child health status, health conditions, access to health care, preventive care and health screening services.

The 2005 Macomb County Adult and Child Behavioral Risk Factor Survey was conducted last summer by Clearwater Research Inc. with the support of the county board of commissioners.

Self-reported data was collected by telephone from 1,116 adult residents between June 6 and Sept. 12. These adults were also surveyed to collect information about 214 children ages 5-15 years.

Here are a few additional details from the survey's executive report:

Nearly one-fifth of respondents described their overall health as "excellent," while the vast majority reported their status as "good" or better.

Among those diagnosed with asthma in Macomb County, 38.5 percent reported they had an episode of asthma or an asthma attack in the last 12 months. This percentage was significantly lower than Michigan's 54.6 percent and the country's.

Among Macomb County adults aged 65 and older, nearly two-thirds had received a flu shot in the last 12 months. The percentage was slightly lower than the Michigan and U.S. rate, which Lokar attributed to a lack of availability during the last few years.

The complete survey will be available starting in May at www.macombcountymi.gov/publichealth by clicking on the 2005 Behavioral Risk Factor Survey link under "What's New." The 1999 and 2002 Macomb County BRFS studies located under the "Popular Pages" section of the home page.

March 13, 2006

Uninsured get a helping hand

3,000 to 4,000 people in GT area go without

By CHRISTINE FINGER

Record-Eagle staff writer

Flora Biancalana, a doctor at Traverse City's Rising Star Wellness Center, also serves as medical director for the Community Health Clinic. TRAVERSE CITY - Flora Biancalana knows a lack of health insurance isn't the only thing keeping people from her office.

"We try very hard to get people on insurance," said Biancalana, the doctor at Traverse City's Rising Star Wellness Center. "But the insurance has to mean something."

Biancalana also serves as medical director for the Community Health Clinic and is among local health care providers devising plans to improve access to health services.

The Grand Traverse Regional Health Care Coalition spearheads the effort. The nonprofit alliance set out in 2003 to ensure health care access for low-income, uninsured residents in Grand Traverse, Leelanau and Benzie counties.

Its first major initiative, the Coalition Health Access Program, enrolled 600 patients since it began in April. It matches uninsured, low-income adults who qualify with a consistent source for primary medical care from providers who donate their services.

Six hundred patients is a good start, said Arlene Brennan, the coalition's executive director. But an estimated 3,000 to 4,000 people are uninsured in the Grand Traverse region.

Even those with some form of insurance can fall through gaps.

"Just because someone has insurance or a Medicaid card, that doesn't always mean they have access to health care," Brennan said. "There are other barriers, and we are beginning to look at some of those other issues."

Those challenges emerged during recent meetings with Chuck Wiltraut, a specialist the coalition enlisted to devise a community-wide plan for health care access.

Wiltraut gathered thoughts from community leaders, local health care providers and consumers. Sessions included a visit to a local homeless shelter and a focus group with people who can't afford medical care.

Biancalana, who attended one of the forums, said high deductibles, steep co-pays for prescription medication and difficulty finding a doctor who will bill their insurance company can keep even insured patients from seeking care.

Brennan said many providers cited the low reimbursement and labor-intensive process of providing Medicaid services - factors that keep some physicians from accepting Medicaid patients. That limits options for people who might already face transportation and other challenges getting to the doctor's office.

Wiltraut's report, expected within a month, should help coalition leaders maximize resources and pursue funding for additional efforts.

Brennan said that could include coalition help with Medicaid referrals, following up with patients to make sure they get to their appointments and coordinating transportation. Another option: a regional clinic that would provide a breadth of services to Medicaid patients.

"I really believe we will come up with some things that we can do," she said. "We want our initiatives to be the result of what the community has identified."

Clinics short of dentists amid flood of patients

Tuesday, March 14, 2006

SCOTT DAVIS
THE SAGINAW NEWS

Five months after the state restored dental coverage for adult Medicaid patients, Health Delivery Inc. is facing a big cavity -- a gap in dental staff.

With thousands of Saginaw Valley residents now eligible for care, hundreds of patients have flooded the agency's two clinics in Saginaw and Bay City in recent weeks as they operate at half-staff, said David R. Gamez, chief executive officer of Health Delivery.

Several dentists at Wadsworth Dental Center in Saginaw and Bayside Dental Center in Bay City left the organization after October 2003, when Gov. Jennifer M. Granholm drastically cut Medicaid coverage for dental care, he said.

Granholm restored that benefit Oct. 1.

"Now we're down four dentists and we don't have the horses to run the race," said Dr. Robert Dennison, dental director for Health Delivery, a Saginaw-based agency that offers medical services for low-income people. "You can't just pluck dentists off the street."

Wadsworth now has two full-time dentists, and Bayside has a full-time dentist and a temporary one.

Health Delivery is recruiting doctors by emphasizing the benefits of working for a government-backed organization, such as one initiative that provides up to \$25,000 to eligible college graduates for loan repayment, Gamez said.

"We've been fortunate and able to recruit students from the University of Michigan School of Dentistry who come through Wadsworth Dental Center (for training)," Gamez said. "When they made the changes, we missed that window of opportunity."

"It will take up some time to come back up."

Dennison said his staff is doing what it can to handle the patient crunch in recent months, but he acknowledged the two clinics have turned away several adult Medicaid recipients whom the clinics had not treated before. First-time clients have to undergo physicals and reviews of their medications before receiving care, Gamez said.

The clinics' employees prefer appointments but accept patients on a walk-in basis, he said.

However, they usually will have a substantial wait time if the docket has available spots.

"It's a scheduling process. The need is greater than what we can handle, unfortunately," Gamez said.

Dennison said he believes other Medicaid providers have treated those patients.

Moreover, Dennison said, some clinics have changed the way they set appointments for patients to limit the number of no-shows and cancellations, which drain the agency's resources.

Wadsworth Dental Clinic, for instance, will set appointments for patients only within a two-day window.

That policy has drawn fire from a few patients, who contend the policy is unreasonable and claim it is difficult to get through by telephone to make an appointment.

Esperanza Sederberg said she faced 30 minutes of busy signals Thursday when she tried to phone Wadsworth to arrange a tooth extraction for her 35-year-old son, Ray Gomez. She said staffers then denied her an appointment later in the day because she had called at the wrong time. Dentists at the clinic had treated her son, who has Down syndrome, for a tooth infection the week before. They had prescribed penicillin and pain pills and instructed his parents to call back Thursday for an appointment to pull the tooth.

Robert Sederberg, Esperanza's husband, said Wadsworth's two-day appointment policy angered him and that after he complained, Gomez received an appointment Friday morning for noon today.

Dennison acknowledged Wadsworth often has busy phone lines, but said staff will accept appointment calls at any time during business hours.

He said the clinic modeled the two-day policy after other community health centers nationwide that face the same problems with patient no-shows. Although private dental practices will call patients to fill a canceled slot, Dennison said the practice has not worked well in a clinic system. "Our (low-income) patients have inconsistent and indefinite addresses and telephone numbers that are ever changing, and we end up with a long list of people and no way to contact them," Dennison said.

Dennison said the appointment crunch likely will ease once Health Delivery hires new dentists. A third dentist is slated to join Wadsworth in late May, and Dennison hopes to hire three more dentists for both clinics to start sometime in June.

The ability to treat more patients will generate more Medicaid reimbursements, funding the positions, Dennison said.

Recruiting for a not-for-profit clinic is challenging, partly because of the lower pay and benefits offered, he said.

"The dentist who is established in a private practice doesn't have a lot of interest in what we have to offer," Dennison said. "We are providing dental care to patients whose dental needs are tremendous. They have very serious dental problems."

Scott Davis is a staff writer for The Saginaw News. You may reach him at 776-9665. Staff writer Jessica Soule contributed to this report.

Published March 14, 2006

[From the Lansing State Journal]

Fewer dentists taking patients with Medicaid across Michigan

Number plummets by 39% in six years; access a 'nightmare'

Associated Press

The number of Michigan dentists willing to accept Medicaid payments has fallen 39 percent in the past six years, putting a significant barrier in the path of poor people who need dental care, advocates say.

The state cut off non-emergency dental coverage under Medicaid for two years, restoring it Oct. 1 for 600,000 poor, elderly and disabled adults.

But the number of dentists participating in Medicaid has fallen from 1,578 in 2000 to 961 today, according to the Michigan Department of Community Health.

About 15 percent of the state's 6,500 dentists now take Medicaid. And many of the dentists who participate in the program limit the number of Medicaid patients they take.

"Access is a nightmare," Joe Dzenowagis, who works with the disabled at the Macomb-Oakland Regional Center, told The Detroit News. "There's like almost no Medicaid dentist for adults."

Medicaid recipient Allan Clapp of Flint said it is frustrating finding a dentist.

"I know Medicaid doesn't pay the greatest," said Clapp, who has disabilities and went without care when dental coverage was unavailable.

"But if the only way I am going to receive service is by being an emergency case, that is irritating to me. I am more than a mouth with money behind it. I am a person. I deserve to be treated with respect like any other person with insurance."

Dentists cite low reimbursement rates as reason they do not accept Medicaid patients. Medicaid is funded by the state and federal governments.

"We were losing so much money being a Medicaid provider," said John Buchheister, a Warren dentist who used to accept Medicaid and plans to accept it again soon. "It was less expensive to do the work pro bono and not charge the patient."

Southfield dentist Avis Broussard has not accepted Medicaid for years.

"We decided we couldn't provide the quality of care we wanted to with the reimbursement rates," Broussard said. "The rates were relatively low, and it took a long time to pay the claim."

The state pays dentists \$14.89 for an examination, \$22.10 for a cleaning and \$48.45 for a complex filling. Dentists say those rates are well below what it costs to perform such services.

In addition, dentists say Medicaid paperwork can be a hassle. Some say that they are frequently asked to submit claims more than once.

Allen Park dentist Jeff Sekerak, who accepted Medicaid years ago, said Medicaid restricted the work he could perform and made him seek authorization on some services, delaying treatment.

"How do we tell a patient who is suffering we can't do work on them because your insurance wants us to preauthorize the service?" Sekerak asked. "We just couldn't do dentistry the way we wanted to do dentistry."

Mar 14, 9:41 AM EST

Romney seeks narrow gay-adoption exemption

By GLEN JOHNSON
Associated Press Writer

BOSTON (AP) -- Massachusetts Gov. Mitt Romney has asked his staff to draft a "very narrow" bill that would let Catholic Charities provide adoption services without serving gay couples.

The governor acknowledged that same-sex couples have a legitimate interest in adopting children, but he said the services Catholic Charities provides are more important than maintaining a faith-blind law.

"They have within their religion the belief that marriage should be between a man and a woman, and that children should not be sent into homes without a mother and a father," Romney said Monday. "We'd like them to be able to be true to their religion."

Boston Archbishop Sean O'Malley sought the exemption, and Catholic Charities said last week it would stop providing adoption services once its current state contract ends because it must allow gays and lesbians to adopt children under state law.

U.S. Rep. Barney Frank, D-Mass., who is openly gay, was critical of Romney's plan for resolving the issue, saying it was driven by his presidential aspirations. The governor has acknowledged he is considering a White House bid in 2008 and has sought to highlight his connections to social conservatives.

"This is not a competition where the question is, 'Okay, we have this child to be adopted, should we auction the child off to Boy George or does he go to live with the Cleavers and Wally and the Beaver?'" Frank said. "The fact is, the question is whether the child will be adopted at all."

Romney argued that exempting Catholic Charities from nondiscrimination rules would not inhibit gay couples from adopting because "there are many, many other agencies that can meet the needs of those gay couples."

Most adoptive children in Massachusetts are placed by the Department of Social Services. Catholic Charities has placed 720 children in adoptive homes, including 13 with same-sex couples, in the past two decades.

Lt. Gov. Kerry Healey, a fellow Republican hoping to succeed Romney as governor, recently said she disagreed with the governor's position.

"I believe that any institution that wants to provide services that are regulated by the state has to abide by the laws of this state, and our anti-discrimination laws are some of the most important," Healey said.

Associated Press Writer Andrew Miga contributed to this report from Washington.

Published March 14, 2006

Background checks at nursing homes to get major upgrade

By Matthew Miller
Lansing State Journal

EAST LANSING - Cracks and loopholes in the various employee background check systems used by Michigan's nursing homes and other long-term care facilities have occasionally allowed violent felons to slip through.

Lori Post is the person charged with filling in those cracks. She is the assistant dean for research in Michigan State University's College of Communication Arts and Sciences.

She's also the architect of a new statewide background check system that will allow long-term care facilities improved access to state and federal databases that contain information on crimes and other violations that would disqualify someone from working with some of the state's more vulnerable residents.

Starting soon

The system, the first phase of which is set to go live April 1, "will remove opportunity for crimes against disabled and elderly persons," Post said. "It doesn't get rid of ... (potential abusers). They're still running around, but we can remove the opportunity for them to be able to abuse, exploit or neglect."

Pilot program

The project is part of a federal pilot program to improve background checks nationwide. It's being paid for by a \$5 million grant to the state from the U.S. Department of Health and Human Services, \$4.1 million of which went to MSU.

"The previous system that we had in place was not compliant with federal regulations," said Jan Christensen, deputy director for health policy, regulation and professions at the state Department of Community Health.

The grant, he said, was an opportunity to not only improve the system, but "to help set national standards."

"We thought we'd rather be proactive," he said.

A new law strengthening criminal background check requirements in long-term care settings, which was signed by Gov. Jennifer Granholm last month, was one of the requirements for getting the funding.

But for Post and her colleagues, the first step was figuring out what was wrong with the old systems.

Requirements vary

That, she said, came down to varying requirements, the fact that violations recorded by some agencies weren't always reported to others and the difficulty of getting information on crimes committed in other states.

Another problem, she said, was the use of name checks.

"People lie about their names, their Social Security numbers," she said. "And it's easy to get other IDs."

The new system will use fingerprint scans.

Look for benefits

Administrators from local long-term care facilities, even those who said they already were doing comprehensive background checks, said the system will be a benefit.

"I think it's going to be great," said Joan Holda, director of human resources at Burcham Hills Retirement Community in East Lansing.

"Right now, we do a very thorough screen on everyone we hire, but this way, you just go to one Web site, and you get all that information."

Post, who will study the system's ongoing impact, granted that it may exacerbate an existing shortage of extended-care workers, which may prove problematic as the state's population ages.

She added, though, that there are more important concerns.

"The big question," she said, "is can we reduce violence, and not just violence, but also neglect and exploitation."

Contact Matthew Miller at 377-1046 or mrmiller@lsj.com.

Restricting information is a disservice to public

Legislators should back access to records

Ann Arbor News Editorial

Tuesday, March 14, 2006

On Sunshine Week, those hoping for access to information about public employees entrusted to care for children and the elderly may find government's window shades drawn.

News media organizations and others across the country have declared this week a time to underscore the need for "sunshine laws," an informal term describing the framework of public information and open meetings rules that gives citizens an opportunity to evaluate government. Forty years after the federal Freedom of Information Act became law, and 30 years after Michigan's FOIA joined it, the need to shed light on the performance of public officials and the spending of the public dollar has never been greater.

Unfortunately, an Associated Press analysis has found that since Sept. 11, 2001, the Michigan Legislature has passed more than a dozen bills that have restricted public access to government information.

Most recently, legislators were changing a bill to allow school districts up to six weeks to release information on public employees with criminal records. A Senate version would release to the public only names of employees who have committed felonies or certain misdemeanors involving sex or violence, not those convicted of other misdemeanors. In addition, among Freedom of Information exemptions passed last year were criminal background checks on nursing home and adult foster care employees.

In some cases, lawmakers have bowed to concerns for public employees' privacy and the possibility that erroneous information could tarnish an innocent person's reputation. Those are legitimate concerns.

But there's also the larger issue of an open government giving families the right to know whether people with a criminal past are in charge of their children each weekday. We believe the public should have access to such information, and that public officials have a responsibility to ensure the details are accurate. Sloppy record keeping is not an excuse for officials to bar access.

Misdemeanor charges also may be relevant for a public school parent checking for drunken-driving related offenses or other convictions that were pleaded down from felony arrests.

The public wants to trust officials who must deal with personnel matters. Many citizens also want to be able to verify that public employees are worthy of that trust. To make Freedom of Information more than a slogan, the Legislature should act to bring the public's business into the light of day.

Michigan families miss out on \$214 million in credits

Monday, March 13, 2006 10:37 AM EST

Niles Star

LANSING - In 2003, \$214 million went unclaimed by many deserving Michigan residents. State Rep. Neal Nitz has announced a statewide campaign of townhall meetings, public service announcements and community events to connect Michigan's struggling families with unclaimed federal tax credits.

Nitz will attend three events in both Cass and Berrien counties over the next few weeks.

The Berrien County Earned Income Tax Credit (EITC) Coalition will provide a free event for residents to file their taxes at the Ferry Street Resource Center on Sunday, April 2, 620 Ferry St. in Niles at 1 p.m. Nitz will also attend a Cass County EITC Coalition event on Saturday, March 18 at Michigan Works, 601-D Front St., in Dowagiac at 9 a.m.

Nitz believes this public awareness campaign will help people realize they are eligible for this money.

"Many Michigan families continue to struggle through these tough economic times with some of the highest unemployment rates in the country," said Nitz, R-Baroda. "In Berrien County alone it is estimated more than \$4.8 million went unclaimed in 2003 and in Cass County more than \$1 million went unclaimed. We want to connect people with this federal tax credit by hosting events throughout the state that will help people find out if they are eligible and if so help them file their taxes."

Nearly 200,000 eligible Michigan residents - more than one-third - did not collect the federal Earned Income Tax Credit (EITC). The House GOP has teamed up with the EITC Statewide Coalition, which has set up regional offices in many counties of the state to prepare taxes for Michigan residents.

"This could mean the difference for many people struggling to provide for their families and as residents prepare to file their taxes, I would encourage you to ask if you are eligible for this federal tax credit," Nitz said.

Low-income residents could receive up to \$4,400 in tax credit refunds by filing for the EITC.

Eligibility is determined by the income earned by the taxpayer as well as their number of dependents. For example, workers who earned \$31,030 or less in 2005 and have one child can receive a credit up to \$2,662.

The campaign to promote awareness for the EITC will continue through the 2006 tax season as legislators work with the coalition to help people receive the tax credits. More information and a comprehensive list of participating regional offices is available at www.gophouse.com/claimyourcash.htm.

In addition, Nitz is continuing to deliver Michigan tax guides to libraries throughout the 78th District. Residents can call his Lansing office toll free at 1-888-373-0078 if they would like to receive a copy by mail.

Fatherhood is not a 'trap'

Saginaw News

Tuesday, March 14, 2006

Pity the Saginaw Township man who wants the courts to absolve him from supporting a daughter he fathered with a former girlfriend.

Pity him not because he was duped, as he claims in a federal lawsuit, by a woman who assured him she could not have a child.

Pity Matt Dubay because he doesn't understand what he would willingly give away.

Dubay doesn't deny fathering the girl, now 8 months old. He's also realistic about his chances of prevailing in court. He will almost surely lose. Family law is clear. Paternity isn't simply a matter of intent; "unintended" pregnancies happen all the time. His consent was in the act. The circumstances of conception don't absolve a man from the legal obligation to provide for the child. Conception happens.

So what's the point of the lawsuit if Dubay doesn't expect to win? The 25-year-old computer programmer says he wants to increase awareness about male reproductive rights. The National Center for Men is aiding Dubay in his quixotic journey into a legal no-man's land.

Still, it's a pity. Like too many other men, Dubay doesn't seem to realize that he wants to cheat himself out of life's momentous joys -- a baby's first steps or words, reading together, a good report card, a private tea party, a day at the zoo, a shared joke, the pride of watching a son or daughter complete high school or college.

We can only hope that a wise man somewhere will advise Dubay that \$500 in monthly child support is a puddle compared to the sea of rewards awaiting a loving father.

Actor, author speaks out against abuse

Tuesday, March 14, 2006

By Greg Chandler
The Grand Rapids Press

HOLLAND -- Victor Rivers tells the story of a young boy who once took off his clothes in a police station.

The officers were stunned to see the boy had bruises and burns all over his body, but the most they could offer in the way of help was to ask if he would file a complaint against his assailant. The boy refused, fearing potential reprisals when he returned home.

Rivers, an actor, author and former professional football player, was speaking about his experience of being abused by his father, a story he documented in his book, "A Private Family Matter." He spoke to more than 275 people Monday at a benefit for the Center for Women in Transition, an organization that provides assistance to people affected by domestic violence in Ottawa and Allegan counties.

"We must stop violence where it is learned -- in relationships and in the home," Rivers said.

For the past seven years, Rivers has been the national spokesman for the National Network to End Domestic Violence. He praised the work of CWIT during his address and encouraged men to take a stand against domestic violence, saying it's not strictly a women's issue.

"With intervention and a coordinated community response, the cycle of violence can be broken," Rivers said.

Rivers was born in Cuba and came to the United States at age 2. After enduring repeated beatings and watching his mother and siblings suffer physical and emotional abuse, he took legal action against his father at the age of 15 and won his freedom. He then lived with a series of foster families, whom he credits for helping to turn him around from being a gang member to president of his high school graduating class and a four-sport athlete.

Rivers attended Florida State University on a football scholarship and was an offensive lineman for the National Football League's Miami Dolphins for two seasons before becoming an actor. He has appeared in more than two dozen movies, including "The Mask of Zorro," "The Distinguished Gentleman" and "The Hulk," the latter produced by Ang Lee, the Oscar-winning director of "Brokeback Mountain."

Federal aid programs expand at record rate

By Dennis Cauchon, USA TODAY

Published March 14, 2006

A sweeping expansion of social programs since 2000 has sparked a record increase in the number of Americans receiving federal government benefits such as college aid, food stamps and health care.

A USA TODAY analysis of 25 major government programs found that enrollment increased an average of 17% in the programs from 2000 to 2005. The nation's population grew 5% during that time. (Related: Federal entitlements have changed)

It was the largest five-year expansion of the federal safety net since the Great Society created programs such as Medicare and Medicaid in the 1960s.

Spending on these social programs was \$1.3 trillion in 2005, up an inflation-adjusted 22% since 2000 and accounting for more than half of federal spending. Enrollment growth was responsible for three-fourths of the spending increase, according to USA TODAY's analysis of federal enrollment and spending data. Higher benefits accounted for the rest.

The biggest expansion: Medicaid, the health care program for the poor. It added 15 million beneficiaries over five years to become the nation's largest entitlement program.

Not a factor: Social Security and Medicare. Those retirement programs will not see their enrollment explode until 79 million baby boomers start to become eligible for Social Security in 2008 and Medicare in 2011.

Programs that grew over the past five years are aimed at the under-65 population, especially families earning less than \$40,000 a year. For example, the number of mostly low-income college students receiving Pell grants rose 41% over five years to 5.3 million.

Robert Greenstein, head of the liberal Center for Budget and Policy Priorities, says the growth in the number of people in many programs is due to a rise in the poverty rate from 11.3% in 2000 to 12.7% in 2004, the most recent year available. "It's certainly better that people falling into poverty can get Medicaid, but I'd prefer fewer poor people and employers not dropping medical coverage," he says.

Rep. Gil Gutknecht, a conservative Republican from Minnesota, says the number of people in entitlement programs should not be growing when unemployment is near a record low. "It's probably time to revisit food stamps and its goals and costs," says Gutknecht, chairman of the subcommittee that oversees food stamps. Food stamp enrollment climbed from 17.2 million in 2000 to 25.7 million in 2005.

USA TODAY found three major causes for soaring enrollment in government programs:

- Expanded eligibility: Congress has expanded eligibility for programs in ways that attracted little attention but added greatly to the scope and cost of programs. Congress added food stamp eligibility for 2.7 million people by ending a rule that disqualified people from receiving food stamps if they had a car or truck worth \$4,650 or more. The change, one of a series of expansions in 2001 and 2002, was designed to make it easier for food stamp recipients to work.
- Increased participation: The government has made applying for benefits easier, prompting more eligible people to get them. Forms have been shortened, office visits reduced and verification streamlined.
- Welfare reform:1996 overhaul pushed millions of people off cash assistance and into the workforce. Congress expanded eligibility for benefits to support people with low-wage jobs.

Find this article at:

http://www.usatoday.com/news/washington/2006-03-13-federal-entitlements_x.



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Federal entitlements have changed

Enrollment in federal social programs grew 17% from 2000 to 2005, the biggest five-year increase in 40 years. How and why key programs changed:

Program	Medicaid	Social Security	Medicare	Child nutrition	Veterans benefits
2005 enrollment	53.4 million	48 million	42.3 million	32.3 million	3.5 million
Enrollment change from 2000	+50.4%	+6.3%	+6.6%	+8.9%	+7.3%
2005 federal cost	\$198 billion	\$519 billion	\$294 billion	\$12 billion	\$40 billion
What the program does	Medicaid and the affiliated state Children's Health Insurance Program provide health insurance for the poor. The federal government pays 57% of the cost. States run the programs, set eligibility rules and pay 43% of the cost.	Social Security offers retirement benefits to people starting when they turn 62. Employers and workers equally split a 12.4% tax on the first \$94,200 of income to finance the world's most expensive government program.	Medicare provides health insurance for people 65 and older, as well as younger people who are disabled. Employers and workers equally split a 2.9% tax on wages to support the program.	The program provides free and subsidized school breakfasts and lunches for children from poor families. Most children in the program are from working families earning less than \$20,000 per year.	Veterans receive a wide range of benefits including hospital care, burial expenses, tuition help and cash payments to survivors.
How the program has changed	Medicaid, once a program for people on welfare, has been broadened dramatically since welfare reform in 1996. It is now aimed at the families of the working poor, especially children. Medicaid overtook Social Security in 2004 as the government's largest social program.	Rules have changed little since 2000. Enrollment is actually slightly below earlier estimates because some people are working longer. Social Security's financial problems start to appear in 2008 when the oldest of 79 million baby boomers turn 62.	The new Medicare prescription drug benefit will cost \$54 billion in 2006, but it did not add to the number of people in the program. Medicare enrollment will explode starting in 2011 when baby boomers start to turn 65.	Congress has reduced paperwork and expanded eligibility, most recently in 2004. More military families are now eligible. Families can apply for all children on one form. Enrollment is renewed more easily.	Enrollment has grown slightly faster than the population, but new veterans from the war in Iraq are offset by deaths of veterans from other wars. Most changes have improved benefits but not added much to the number who qualify.

Program	Earned income tax credit *	Unemployment compensation	Pell grants	Welfare	Veterans benefits
2005 enrollment	21.2 million	8.1 million	5.1 million	5 million	3.5 million
Enrollment change from 2000	+13.3%	+16.8%	+33.1%	-18.2%	+7.3%
2005 federal cost	\$35 billion	\$33 billion	\$13 billion	\$21 billion	\$40 billion
What the program does	The tax program provides cash payments and tax reductions to low-income working families. It is the nation's largest cash assistance program for the poor. In addition to \$35 billion paid to poor families, it cut their taxes by \$5 billion.	This federal-state program provides cash assistance to unemployed people. States run the programs and set most eligibility rules. Benefits generally last a maximum of 26 weeks.	Pell grants help low-income undergraduate students pay for college. The average grant is about \$2,500. About 40% of recipients are dependent children, but most are independent and older, often single mothers.	Temporary Assistance for Needy Families is the federal program — administered by states — to provide cash assistance to the poor. Welfare reform in 1996 limited eligibility and the length of time payments can be received.	Veterans receive a wide range of benefits including hospital care, burial expenses, tuition help and cash payments to survivors.

How the program has changed

Welfare reform has pushed millions of people off cash assistance and into low-wage jobs that qualify for the tax credit. The 2001 tax cut expanded the value and scope of the tax credit for married families and those with children, too.

Congress extended benefits by 13 weeks from March 2002 through December 2003. Spending fell from a high of \$54 billion in 2003 to \$32 billion in 2005 as unemployment declined.

The number of students receiving grants has grown because more people apply and eligibility has expanded. Congress increased the maximum Pell grant from \$3,300 in 2000 to \$4,050 in 2005.

Participation has fallen from 80% of those eligible for cash assistance to less than 50%. People have to work harder to qualify for smaller benefits. For example, getting aid may require taking classes or employers to sign forms proving a person applied for a job.

Enrollment has grown slightly faster than the population, but new veterans from the war in Iraq are offset by deaths of veterans from other wars. Most changes have improved benefits but not added much to the number who qualify.

* – 2003 enrollment, most recent available.

Sources: Office of Management and Budget, Medicare and Social Security annual reports; Internal Revenue Service. Reported by Dennis Cauchon, USA TODAY.

Find this article at:

<http://www.usatoday.com/news/washington/2006-03-14-entitle-chart.htm>

☐ Check the box to include the list of links referenced in the article.



This Week in Washington

For the week ending 3/10/2006, Vol. XXVII, No. 6

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Senate Committee Marks Up Budget Resolution with SSBG Restoration

On March 9, the Senate Budget Committee marked up its version of the fiscal year 2007 Budget Resolution and passed it along a party-line vote. The measure was considered a conceptual mark since no legislative language was provided, but it assumed many of the funding levels recommended in the administration's FY 2007 budget proposal including the elimination of the Community Services Block Grant and a \$500 million cut to the Social Services Block Grant (SSBG). A series of amendments were offered during the markup, including one by Sen. Charles Grassley (R-Iowa) to restore the proposed SSBG reduction. In a statement, Grassley said, "This funding cut wasn't fair or well-timed. Congress just enacted legislation that could affect child welfare programs. It wouldn't have been right to force more changes on states when they already need to adapt to recent changes, and services to children and families could have been at risk." The amendment was accepted by the committee's chair, Sen. Judd Gregg (R-N.H.), and incorporated into the bill that will go to the full Senate for debate.

Senate Passes Bill to Shift LIHEAP Funding to FY 2006

On March 7, the Senate passed legislation (S. 2320) to shift \$1 billion in Low-Income Home Energy Assistance Program (LIHEAP) funding from FY 2007 to FY 2006. The bill, sponsored by Sen. Olympia Snowe (R-Maine), passed by a voice vote. The Deficit Reduction Act of 2005 (DRA, P.L. 109-171) had provided \$1 billion in new LIHEAP funds for FY 2007. S. 2320 would amend the DRA to make those funds available this year. The bill would provide \$500 million in LIHEAP formula funding and \$500 million in contingency funding. All the new funding would expire on September 30, 2006. The legislation would also prohibit use of the new funding for certain planning and administration activities. The bill was sent to the House and referred to the House Committee on Energy and Commerce.

House Passes Bill on Violent Crimes

On March 8, the House of Representatives passed the Children's Safety and Violent Crime Reduction Act, H.R. 4472. The bill, sponsored by Rep. James Sensenbrenner (R-Wis.) and co-sponsored by 32 Republicans and five Democrats, passed by a voice vote. The legislation packaged together portions of three previously passed bills: the Children's Safety Act of 2005 (H.R. 3132); the Secure Access to Justice Courthouse Protection Act (H.R. 1751); and the Gang Prevention and Deterrence Act (H.R. 1279). Among the many provisions contained in the bill, there are requirements for states, territories, and tribes to maintain a sex offender registry; elimination of the opt-out for criminal background checks; and requirements for background and fingerprint checks of national crime information

databases and child abuse registries prior to approval of foster or adoptive placements. The Senate does not currently have an identical bill, but does have several bills that contain similar provisions to some in H.R. 4472. A copy of the legislation is available at <http://thomas.loc.gov>.

McClellan, Smith Address Medicaid Reform at Joint APHSA-NGA Conference

On March 6 and 7, in plenary speeches at the National Spring Conference held jointly by APHSA and the National Governors Association, Centers for Medicare and Medicaid Services (CMS) Administrator Mark McClellan spoke about the health care reforms in the Deficit Reduction Act of 2005 (DRA). He termed them an opportunity to make meaningful changes to the health care system and use "creative thinking" approaches to improve care and services for the most vulnerable. McClellan emphasized the long-term care reforms, noting how the changes will address the unsustainability of the current system, particularly through three channels: the New Freedom initiatives (including Money Follows the Person and Home and Community Based waivers); increased private support (for example, through incentivizing purchases of long-term care insurance); and increased funding and quality for services to dual eligibles. In a separate address, Dennis Smith, director of the CMS Center for Medicaid and State Operations (CMSO), said states should continue to submit waivers to CMS as a means to reshape state Medicaid programs. In particular, 18 states have approved Health Insurance Flexibility and Accountability (HIFA) waivers. Smith also said that two-thirds of Medicaid enrollees live in families and 56 percent live above 100 percent of the federal poverty level. Among other things, CMS will send states preprints with templates for states to complete and check boxes so CMS can understand what states would like to do under the optional benefits and wraparound services created by the DRA. In addition, eligibility workers will have more choices for calculating income for the level of cost sharing for some families. Families with access to employer-sponsored health insurance will more than likely view this as an option. Child support enforcement also will be reviewed more closely, especially in cases when the absent parent has health insurance available.

Senate Panel Holds Hearing on Long-Term Care

On March 9, the Senate Special Committee on Aging held a hearing on Long-Term Care Financing. Testimony was presented by Robert F. Danbeck, associate director and chief human capital officer, Office of Personnel Management; Eileen Tell, senior vice president, Long-Term Care Group Inc.; Malcolm Cheung, vice president for Long-Term Care at Prudential, representing the American Council of Life Insurers; Joanne Vidinsky, on behalf of the Alzheimer's Association; and Robert B. Friedland, director of the Center on an Aging Society. Committee Chairman Gordon H. Smith (R-Ore.) explained that his biggest concern for future health care needs is cost. Sen. Mel Martinez (R-Fla.) stated that individuals should be paying for their care and explained a recent bill that he co-sponsored (S. 1706) would allow individuals to use their 401(k) or 403(b) plans to purchase long-term care insurance. Danbeck said endorsements by the federal government are the key to lending credibility to long-term care programs. Smith asked whether it would help if the federal government did more with incentives, and Danbeck agreed. Tell explained that tax credits are a stronger incentive than deductions. Smith asked her about the costs associated with long-term care, and Tell said that based on average age and average premiums, it is between \$1,500 and \$1,700 a year. Tell added that 87 percent of those 45 and older are uninsured for long-term care and 80 percent of those over 65 do not have long-term care. Cheung testified that if three-fourths of individuals who can afford to purchase long-term care insurance and who are between the ages of 40 and 65 purchased and maintained it through their senior years, by 2030 yearly savings in Medicaid nursing home expenses would total \$19 billion and annual out-of-pocket savings would total \$41 billion. Smith asked Friedland how the government could provide incentives that would help young people get a plan now while it is cheaper. Friedland said the government has a role in educating the public about the importance of long-term care and that tax incentives would highlight the importance of the issue. Further information can be found over [here](#).

Leavitt Testifies on HHS Budget and Medicare Part D

On March 8, the House Appropriations Labor, Health and Human Services, and Education Subcommittee reviewed the Bush administration's FY 2007 budget proposal for the Department of Health and Human Services (HHS). HHS Secretary Michael Leavitt appeared before the committee, where discussion turned primarily to the Medicare Part D drug benefit. Leavitt defended the program, noting that enrollment is up while problems and pricing are down. Committee Democrats raised concerns over the problem of drug distribution and the inability of some beneficiaries to switch plans. Republican members of the panel applauded Leavitt for his efforts and noted that positive feedback is beginning to come in from constituents. Committee members also discussed some of the cuts in the administration's budget; Leavitt defended the budget as necessary to remain fiscally conservative and reach the president's goal of cutting the deficit in half by 2009. Leavitt's testimony is available over [here](#).

HHS Plans Reorganization of Child Care and Head Start Bureaus

On February 22, HHS Secretary Michael Leavitt wrote a letter to Rep. Ralph Regula (R-Ohio), chair of the House Appropriations Labor-HHS-Education Subcommittee, that he plans to reorganize the Administration for Children and Families (ACF). The plan would merge the Child Care Bureau into the Office of Family Assistance, which oversees the Temporary Assistance for Needy Families (TANF) program. The Child Care Bureau would no longer exist as a separate entity. Leavitt's letter said "the enhanced work participation requirements under the DRA will require close coordination between TANF and the child care program to assure that states are able to move current welfare recipients into employment." The reorganization will also elevate the Head Start Bureau to report directly to the assistant secretary of ACF. Both the Child Care Bureau and the Head Start Bureau are currently divisions within the Administration for Children, Youth, and Families.

CMS Holds Forum on Part D

On March 7, CMS held an Open Door Forum with pharmacy and pharmacists' associations and prescription drug plans (PDPs) to provide an update on Part D implementation. The forum also covered news on CMS's PDP/Pharmacy Process Workgroup; outreach about late month plan enrollment and switching; and clarification about transitions, exceptions, and appeals. John Coster of the National Association of Chain Drug Stores and Stacey Swartz of the National Community Pharmacists Association discussed the PDP/Pharmacy Process workgroup, which is identifying inconsistent and unclear messages from PDPs and plans to fast-track standardized messages to reduce administrative burdens on pharmacists. Future agenda items include exceptions and appeals; helping pharmacies understand the process; helping beneficiaries who have been prescribed non-formulary drugs; and resolving confusion between Medicare Part D and Part B. The workgroup is developing outreach and education materials.

Vanessa Duran and John Scott of CMS's Center for Beneficiary Choice discussed Appeals and Exceptions Processes. Plans must be explicit that a temporary supply of drugs is intended to allow beneficiaries sufficient time to transition to another drug or to request an exception to a PDP's formulary. Caller concerns included reimbursement for long-term care copays; transitional assistance; marketing by PDPs; denials of 30-day supplies of medications if the prescribed dosage exceeds one per day; prior authorization procedures; third-party deadlines for explaining rejecting claims; consistent messaging; access to prescriptions by duals; denials of more than a 30-day supply of drugs for months with 31 days; coverage of medication during an appeal; application for the low-income subsidy; and transparency in PDP policies and processes. More information on Part D Tools for Health Care Professionals is available at [this link](#).

CMS Briefs AHIP on Part D Progress and Future Expectations

On March 7, CMS Administrator Mark McClellan spoke at the National Policy Forum of America's Health Insurance Plans and provided updates on Medicare Part D enrollment, costs, Medicare Advantage Plans, and systems progress. McClellan reiterated that Part D beneficiaries are choosing PDPs with more options and lower costs than those provided for in the Medicare Modernization Act. He also emphasized that expectations such as effective data systems; effective customer service; straightforward and understandable exceptions and prior authorization processes; and relationships with health care providers drive better performance. McClellan next delineated CMS's responsibilities in Part D, including continuous systems improvement; responsibility to the public; and monitoring and enforcement of PDP marketing and procedures, beneficiary complaints, and PDP-reported data. He also discussed provisions of the DRA and quality initiatives on data sharing and aggregation. The text of McClellan's speech is available at [this link](#).

House Agriculture Leaders Debate Farm Bill Extension

According to press reports, both Republican and Democratic members of the House Agriculture Committee have made recent statements on the possibility of reauthorizing the farm bill in 2008 instead of 2007. The legislation, which authorizes the Food Stamp Program (FSP) and other federal nutrition programs, was last renewed in 2002 and is usually in effect for five years. Proponents of the one-year delay, including Ranking Member Collin Peterson (D-Minn.), say the committee should wait until the World Trade Organization Doha round talks are concluded. The Doha talks include negotiations on international levels of commodity price supports. However, Rep. Bob Goodlatte (R-Va.), the committee's chair, says he believes the Doha negotiations will conclude fairly soon and opposes any extension unless it is a short one. On February 16, Rep. Mac Thornberry (R-Texas) introduced legislation (H.R. 4775) to delay the next farm bill until after implementing legislation for the Doha round is enacted into law. Peterson says he supports the Thornberry bill. APHSA's FSP reform recommendations are included in the publication Crossroads II: New Directions in Social Policy, available on the APHSA website at [this link](#).

GISD gets grant to boost early childhood programs

HOMETOWN HEADLINES

THE FLINT JOURNAL FIRST EDITION

Tuesday, March 14, 2006

By Ron Fonger

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The Genesee County Intermediate School District and 13 other agencies in Michigan have received grants designed to set up a better system for early childhood programs.

The GISD grant for \$60,000 was announced Monday. The money will pay for a community assessment and develop a strategic plan for the development of a comprehensive system of early childhood services and supports, according to a news release from the Michigan Department of Human Services.



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
MICHIGAN DEPARTMENT OF HUMAN SERVICES
LANSING



MARIANNE UDOW
DIRECTOR

News Release

Contact: Stepheni Schlinker or Maureen Sorbet (517) 373-7394

Genesee County collaborative receives \$60,000 Great Start Collaborative grant

Early Childhood Investment Corporation grants focus on early childhood development and care

March 13, 2006

FLINT – Today the superintendent of the Genesee Area ISD joined board members of the Early Childhood Investment Corporation (ECIC) and local legislators to celebrate a \$60,000 grant to support a local Great Start Collaborative that will strengthen early childhood development and care in Genesee County.

Michigan Department of Human Services director Marianne Udow and ECIC chief operating officer Mike Foley presented a ceremonial check to Thomas Svitkovich, Genesee ISD Superintendent.

From the day she took office, Governor Jennifer M. Granholm has maintained that early childhood development and care is a critical investment in the economic viability of the state.

“Children learn more from birth to age three than at any other time, setting the stage for future success in school and in life,” Granholm said. “High-quality early childhood development and care is a wise investment in our children and our economy.”

The Early Childhood Investment Corporation, which the Governor announced in her 2005 State of the State address, is developing the framework for effective early childhood development and care programs through partnerships with local collaboratives around the state. The local Great Start Collaboratives will use the grant money from the ECIC to conduct a community assessment and develop a strategic plan for the development of a comprehensive system of early childhood services and supports, accessible to all children from birth to kindergarten and their families.

“These grants will help bring together the public and private sectors, including government, business, civic, faith, education, and community groups to develop a long-standing, sustained focus on early learning and childhood development,” said Mike Foley. “The board was able to award this first round of grants with the resources currently available, and is committed to funding Great Start Collaboratives throughout the state as new funding sources are identified.”

Intermediate school districts will act as fiduciaries for the grants. In addition to Genesee ISD, 13 other ISDs and RESAs around the state were also awarded funding for planning and/or implementation of Great Start Collaboratives.

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“Children who participate in high-quality early childhood development programs are better prepared to enter elementary school, are more likely to pursue secondary education and have lower dropout rates and higher high school graduation rates,” DHS Director Marianne Udow said. “By improving the skills of a large fraction of the workforce, these programs for poor children will reduce poverty and strengthen the state’s ability to compete in the global market.”

For more information about the ECIC and Great Start collaboratives, visit the Project Great Start Web site at www.michigan.gov/greatstart

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